

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 101730, 454 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
NO	DEP	NO	DEP	NO	DEP
1					
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100					
TOTAL NO.					
TOTAL DEP.					
TOTAL CLAIMS					